

Evaluation of Newly Licensed RNs to Determine Success of Nursing Program: A Partnership Between Practice and Education

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The quality of nursing education can be improved significantly when academic institutions work closely with clinical partners. Data on how well newly licensed RNs (NLRNs) perform in a health care setting, specifically in the first year of practice, can assist schools of nursing (SONs) to identify strengths of a nursing program and areas for improvement. Historically, SONs have struggled to monitor the performance of NLRNs after they leave the educational setting. In addition, response rates to alumni and employer surveys are traditionally low for SONs because of movement among NLRNs, changes in mailing and/or e-mail address, changes in employment setting, and the time required for completing the survey.¹ These challenges make it difficult to track the performance and progression of NLRNs in their first year of practice and throughout their nursing careers. The purpose of this report is to highlight how a large, metropolitan SON in the Midwest partnered with an academic health center to evaluate the performance of NLRNs during their transition to practice program and mapped their performance to the nursing program outcomes.

Background

Directions from the National Academies of Practice highlight the need for SONs to collaborate with practice partners to meet the needs of students and the health care facilities.² The state of Indiana is projecting a 17 521 shortfall in nurses prepared at the baccalaureate level by 2020.³ In 2012, Indiana hospitals reported 37 978 vacant RN positions, and nursing and residential care areas reported an additional 3223 vacant RN positions.³ In addition to the projected shortages is the gap between education and practice. Many nurses in practice report that new, graduating nurses are not fully prepared when entering the field of nursing.⁴ Because competence in nursing practice is related to quality and patient outcomes, it is essential to ensure that NLRNs are prepared to deliver safe, quality care. In addition, priority should be given to developing competencies related to quality and safety, and these should be included in program evaluation.

Achievement of program outcomes is an important assessment that demonstrates quality of a nursing program and NLRNs' competency for entry into nursing practice. The currently used evaluation methods, for example, the NCLEX, are designed to ensure minimum competency upon graduation and are not indicative of the performance of NLRNs. A snapshot of the nurse's performance during his/her first year of practice is 1 way to look at the attainment of program outcomes for SONs. An option to obtain these data is to work with health care partners, specifically those that tract and monitor the performance of NLRNs.

This is the author's manuscript of the article published in final edited form as:

Bemis, C. (2018). Evaluation of Newly Licensed RNs to Determine Success of Nursing Program: A Partnership Between Practice and Education. *Nurse Educator*, 43(5), 227–229. <https://doi.org/10.1097/NNE.0000000000000479>

One tool that is used in many health care settings for the evaluation of nurses during transition to practice or nurse residency programs is the Casey-Fink Graduate Nurse Experience Survey. This survey was developed and tested in 2004 as a method to measure the stressors in new graduates related to personal and financial issues, work environment frustrations and workload, lack of confidence, and critical thinking and support from unit leadership.⁵ The Casey-Fink Survey was used for this project to evaluate the effectiveness of the program in preparing graduates for entry into nursing. Data on the performance of NLRNs in relation to the Casey-Fink Survey can be connected to the program outcomes of the SON from which the nurse graduated. Making that connection and tracking performance during the first year are a way to improve academic program evaluation.

Methods

All NLRNs hired at the academic health center, a partner of the SON, were placed into a residency cohort. Nurses in this facility begin their residency program after orientation at approximately 4 to 6 months in practice. The health care setting's institutional review board approved this study, which used a mixed-methods approach. In this study, (1) the NLRNs completed a Casey-Fink Graduate Nurse Survey at the beginning of the residency; (2) a qualitative survey was administered to nurse managers, educators, charge nurses, and preceptors; and (3) follow-up interviews were conducted with managers to validate and clarify the questionnaire responses. Of the 145 Casey-Fink Surveys obtained from the residency program, 47 were from the SON participating in the project. There are 11 questions on the survey that represent program outcome measures by the SON. The questions are answered on a 4-point scale from 1, strongly disagree, to 4, strongly agree. The Casey-Fink Survey includes demographics such as the name of the SON that the nurse attended, the type of degree received, and whether the nurse had previous health care work experience.

The questions from the Casey-Fink Survey were analyzed to determine baseline outcomes for the 47 NLRNs who graduated from our SON. Next, qualitative surveys were used to determine the level of perception and satisfaction among nursing managers, educators, preceptors, and charge nurses interacting with NLRNs from the school during the first year of practice. The qualitative surveys for this group included questions based on the 9 outcomes of the nursing program. These program outcomes include (1) demonstration of critical thinking and the use of evidence for clinical reasoning and decision making; (2) a provider of culturally sensitive, holistic care; (3) a knowledgeable coordinator of care across the continuum of environments; (4) understanding and application of health policy, finance, and regulations; (5) understanding the professional identity of the nurse and ability to translate into the ethical and legal practice of nursing; (6) effective communicator and collaborator with the health care team, clients, and families; (7) a competent care provider; (8) an accountable leader and manager who can apply systems and organizational processes to promote quality care and patient safety; and (9) using information management and technology to deliver quality care. Of the 68 surveys sent to managers, educators, charge nurses, and preceptors, 36 were returned. This survey was rated on a scale of poor, below average, average, or above average. Follow-up interviews with managers to clarify information about findings were done in the following weeks.

Results

On the Casey-Fink Survey, there were 11 questions that correlated to the SON's program outcomes. Of these questions, there were 6 that connected to the program outcome related to demonstration of critical thinking and use of evidence for clinical reasoning and decision making (program outcome 1). On the first question, 26% of NLRNs were struggling to feel comfortable about making suggestions to the nursing plan of care. In addition, this question also correlated to being an accountable leader and manager who can apply systems and organizational processes to promote quality care and patient safety (program outcome 8). On the second question, just over half (59%) of NLRNs stated that they did not feel comfortable caring for a dying patient. The NLRNs rated the remaining 9 questions on the Casey-Fink Survey at a high level (>90%).

The qualitative survey, completed by managers, educators, charge nurses, and preceptors, asked them to rate the new graduate's abilities in relation to the 9 program outcomes. The NLRNs were rated highest on program outcome 1, demonstration of critical thinking and the use of evidence for clinical reasoning and decision making (42% above average and 55% average). The group also rated the NLRNs high on program outcome 9, embracing and using information management and technology to deliver quality care (42% above average and 58% average). The top opportunities identified by the qualitative survey group related to being (1) an effective communicator and collaborator with the health care team, clients, and families (3% poor and 21% below average) and (2) an accountable leader and manager who can apply systems and organizational processes to promote quality care and patient safety (17% below average).

Further clarification of results was sought through face-to-face interviews with nurse managers who routinely employ NLRNs from the SON. Results were shared and feedback requested on areas of opportunity. The first discussion was on the ability of NLRNs to coordinate care and collaborate with the interdisciplinary team. The nurse managers reported that NLRNs struggled with knowing their resources and how to appropriately use them. This included the delegation of unlicensed assistive personnel and working with physical therapy, as well as other therapy services. Other struggles shared included a misalignment of the NLRNs' perception of the job versus reality and the realities of working night shift when starting out. The managers were highly satisfied with the amount of professionalism shown by NLRNs from the SON. Other areas in which graduates were prepared included having their résumés, being ready for interviewing, having technical knowledge, and being adaptable. Managers highlighted the importance of clinical experience and prior experience in a hospital for an easier transition for NLRNs.

Discussion

The results of this project highlight the importance of collaborating with clinical partners to determine areas of strength and opportunity for the SON. The information obtained will help with curricular review and development of new initiatives for the school. It was revealed that the SON should focus on the review and integration of death and dying content in the curriculum because this was the area that NLRNs struggled with the most. Opportunities to work with a hospice organization in the community are 1 idea for providing students more realistic

experiences to draw upon in this area. Using these data, the SON can identify other program areas to strengthen such as a review of prioritization, delegation, and organization of work. Two other areas for curriculum review identified by the qualitative survey group were (1) the ability to new graduates to coordinate care and collaborate with the interdisciplinary team and (2) their ability to lead/manage quality care and patient safety. It is important to identify where in the program this knowledge and the competencies are taught and developed.

Conclusion

In this project, the SON worked with a major clinical partner to identify opportunities for program improvement. It was successful in identifying the strengths and areas of opportunity to benefit the SON, clinical partner, and NLRNs. Continued monitoring of the progress and performance of NLRNs during their first year of practice is essential. Expansion to other clinical partners both in hospital and the community can give the SON a broader sense of strengths and opportunities. A sustainable process is needed to track the progression and careers of NLRNs to help inform both the SON and clinical partners about the needs in nursing education and practice. Working together will be beneficial to NLRNs as they prepare for their nursing career.

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